

APPLICATION CHECKLIST TO REACTIVATE YOUR MISSOURI CERTIFICATE OF LICENSE TO TEACH

1. If you are requesting a reactivation of your Initial or Career Continuous certificate the following must be submitted:

☐ **Application Form**

Completed Application for Missouri Certificate of License to Teach Reactivation. Section II, A, B, and C **must** be completed by the employing Missouri school district. **There is no fee required for this type of request.**

- ☐ **Reactivation of an inactive certificate may require an up-to-date background/fingerprint check. Please discuss this with your employer.**

Required Professional Development Hours

1 college credit = 15 PD contact hours

Classification	Initial Certification Years 1-4	Reactivation	Career Certification Years 5-99	PD Exempt Status
AEL – adult education	60 total contact hours	24 contact hours plus annual requirement	20 contact hours annually until exempt	Two of three: 10 years, or next higher degree or national certification
PC – most core area teachers & librarians	30 total contact hours	24 contact hours plus annual	15 annually until exempt	“
Career Education – vocational teachers	90 total contact hours	24 contact hours plus annual	30 annually until exempt	“
Administration – superintendent	120 total contact hours	24 contact hours plus annual	30 annually until exempt	“
Administration – principals, special ed. directors and career ed. directors	120 total contact hours	24 contact hours plus annual	Years 5-10 must complete EdS degree or 30 contact hours annually	Years 11-99 exempt with EdS degree or national certification
Student Services – counselors & others	not yet determined	not yet determined	not yet determined	not yet determined

PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE!

An incomplete packet will not be processed. Mail the complete application packet to:

Educator Certification
Post Office Box 480
Jefferson City, MO 65102-0480
<http://dese.mo.gov>

[You can check the status of your application on our website](#)



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-0051

APPLICATION FOR REACTIVATION of MISSOURI CERTIFICATE of LICENSE TO TEACH – all areas
(Application MUST be signed by both applicant and hiring district.)

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION

SOCIAL SECURITY NUMBER*

**THERE IS NO FEE FOR REACTIVATING YOUR
MISSOURI CERTIFICATE OF LICENSE TO TEACH**

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

MALE ☐

FEMALE ☐

PHONE NUMBERS

H

W

B. PURPOSE OF APPLICATION: Check appropriate boxes

- ☐ My Missouri Certificate of License to Teach is inactive. By reactivating the license, all classifications that I hold will become active. In the current school term, I will complete the requirements listed in Section II, A. To the best of my knowledge, I have a certificate of license to teach in the following area(s):

(Please list all certificates that you believe are valid.)

- ☐ An up-to-date background/fingerprint check may be required if you are a new hire or if you do not have a recent fingerprint clearance.

IMPORTANT:

ORIGINAL TRANSCRIPTS VERIFYING SATISFACTORY COMPLETION OF REQUIRED COURSEWORK MUST BE INCLUDED WITH THIS APPLICATION IF REQUIRED.

C. PROFESSIONAL CONDUCT (ALL questions must be answered)

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

YES NO

1. Have you ever been charged with, convicted or entered a plea, including a plea of *nolo contendere*, to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.
2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?
3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?
4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?

[*View the Social Security number disclosure.](#)

D. SWORN AFFIDAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to continually access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

APPLICANT'S SIGNATURE

DATE

SECTION II. RECOMMENDATION FROM EMPLOYING SCHOOL DISTRICT: (A, B & C to be completed by school official)

A. To be completed if applicant is reactivating the Initial or Career Continuous classification. No fee is required for this type of request. An up-to-date background/fingerprint check may be required.

- ☐ 1. Applicant will complete 24 contact hours of professional development within six months prior to or after renewal or reactivation of this certificate. Applicant understands that any other professional development hours required during the coming year must be completed for the classification area.
- ☐ 2. Attached is verification of professional development hours and/or college credits that I have completed six (6) months prior to making this request. If applicant has not completed the entire 24 contact hours, he/she agrees to do so in the next six months. Applicant understands that he/she must complete any other professional development hours required during the coming year for the classification area.
- ☐ 3. Applicant has/will develop a professional development plan that is on file with this district.
- ☐ 4. Applicant will participate in the performance based evaluation program of this district.
- ☐ 5. Applicant has/has not completed a _____-year mentor assistance program at _____ district.

IMPORTANT: Official transcripts and/or copies of professional development completion must be attached to verify A, 2.

B. Verification of approved teaching experience – To be completed by school official for all upgrading applicants.

Teaching experience must be contracted and should be at least half-time employment. Substitute teaching and serving as a teacher's aide or assistant does not qualify as teaching experience. Document here total years of teaching experience, which includes those years completed at previous district(s) as well as those years completed at this district.

Total teaching experience at previous district(s) _____ years _____ months

Total teaching experience at this district _____ years _____ months

Total approved teaching experience _____ years _____ months

C. To be completed by school official for all upgrading/renewing applicants.

I verify that _____ has provided documentation for all of the above information and the information is true and complete to the best of my knowledge.

SIGNATURE OF SCHOOL OFFICIAL

DATE

NAME OF SCHOOL OFFICIAL

TITLE OF SCHOOL OFFICIAL

SCHOOL TELEPHONE

SCHOOL DISTRICT

SCHOOL ADDRESS

PRIVATE OR PAROCHIAL SCHOOL IS ACCREDITED BY:

**PLEASE RETURN THIS FORM TO
EDUCATOR CERTIFICATION, POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.
ORIGINAL SIGNATURE REQUIRED – NO FAXES OR PHOTOCOPIES!
<http://dese.mo.gov>**